LACROSSE CLINIC
DAILY ITINERARY
• warm up - stretch
• positional skills
• quickness & agility drills
• offensive concepts
• defensive concepts
• lunch - pool
• field games
• shooting - face offs
• full field games

2013 Instructional Youth Lacrosse Clinic
@ Williams College
22 Spring Street
Williamstown, MA 01267

2013 Instructional Lacrosse Clinic @
Williams College
Youth Lacrosse Players ages 7-13
• June 29th & 30th, 2013 • 9:00 AM - 4:00 PM •
Camp Director - George McCormack, Head Lacrosse Coach, Williams College
2013 Instructional Lacrosse

LOCATION:
Clinic will take place on the artificial turf - Lamb Field - adjacent to Weston Field on Lathem Street on the campus of Williams College.

CLINIC FEE:
$100.00.

REQUIRED EQUIPMENT:
Helmet, shoulder pads, gloves, cleats, sneakers, stick, mouth piece, towel, bathing suit, and lunch.

MEDICAL CARE:
Medical facilities are nearby and a full-time trainer will be on the field.

REGISTRATION:
Registration will be at 8:00 am on June 29th at Lamb field.

CLINIC OBJECTIVE:
To make each participant a better lacrosse player in regards to the fundamentals of lacrosse and in regards to team concepts.

CLINIC EMPHASIS:
The emphasis will be on the individual skills of passing, catching, picking up ground balls, face-offs, shooting and defensive play. We will also focus on offensive and defensive team concepts.

TECHNIQUES:
There will be specific individual drills that emphasize the proper techniques of each skill. There will be group and team drills that emphasize the proper offensive and defensive techniques of lacrosse.

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ALL CHECKS SHOULD BE MADE PAYABLE TO:
Instructional Lacrosse Clinic

SEND REGISTRATION AND PAYMENT TO:
Instructional Lacrosse Clinic
@ Williams College
22 Spring Street
Williamstown, MA 01267

Return to:
Instructional Lacrosse Clinic @ Williams College
22 Spring Street
Williamstown, MA 01267

Name__________________________________________________________
Home Address__________________________________________________
City___________________________State__________________________Zip___________________________
Home Phone (    )________________________________________________
School__________________________________________________________
Entering Grade (Fall 2013)_______________________________________
Height__________________________________________________________
Weight__________________________________________________________
Shirt Size________________________________________________________

IN CASE OF EMERGENCY NOTIFY:
Name__________________________________________________________
Address__________________________________________________________
Phone (    )______________________________________________________

Applicant’s Signature:_____________________________________________

2013 Instructional Lacrosse Clinic @ Williams College
The undersigned parent or guardian understands that while participating at the 2013 Instructional Lacrosse Clinic @ Williams College, my son will be engaging in physical activity which contains an inherent risk of physical injury, and the undersigned assumes the risk and releases, waives, and covenants not to sue the 2013 Instructional Lacrosse Clinic @ Williams College and the President and Trustees of Williams College, their Officers Trustees, Agents, Employees and related parties from any and all liability for personal injury, including, without limitation, any and all liability arising from the negligence of Williams, arising out of my son’s participation at the 2013 Instructional Lacrosse Clinic. I hereby grant permission for my son to attend the 2013 Instructional Lacrosse Clinic and to be treated by a licensed physician or a member of the athletic training staff for any injury, accident, illness, or mishap. I hereby agree to pay through my insurance company or otherwise for any medical treatment that may be necessary. I certify that my son is in good health and is able to participate in all activities.

Parent or Guardian Signature:______________________________________ Date:______________________